A. Facility Introduction

Objective

- To orient management staff to the specifics of the site visit
- To obtain essential initial information

Procedure

A list of six facilities will be distributed prior to the field data collection phase. The Center on Aging will provide you with the name of a facility contact person, at least one week prior to a scheduled site visit. Additional facility information, including provider number, exact location and phone numbers will also be provided at that time.

Contact the facility liaison two days before scheduled arrival. Identify yourself as a research nurse from the University of Colorado Health Science Center. Announce date of arrival and request that a current and updated census list be available for you at that time. Request that the census list includes the following information for each resident: name, first and last; room number and unit location; payer source (Medicare, Medicaid, private or HMO); and date of most recent admission to the facility. Arrange a time for an introductory meeting with key facility staff on the first day of the site visit.

Meet once with key facility staff on the first day of your site visit. At a minimum, interview the DON and/or the administrator (or person who is filling in for them if they are absent). Other staff can be present per request. The introductory meeting may be scheduled at any time during the first day. Please accommodate the needs of the facility; however, ensure that you can proceed with your work if the introductory meeting is scheduled later in the day. In that case, request that facility staff be informed of your presence. Also request that one staff member be assigned to you for a brief period to provide you with necessary information.

Reiterate the following during the introductory meeting with key facility staff:

- Facility was selected randomly
- Data collection includes observation, record review, and some staff interviews
- Information is kept confidential: facilities are not identified in any publications
- Occurrences of immediate jeopardy to a resident must be reported to the proper regulatory authorities

Answer any questions about the project at the time of the introductory meeting.

Obtain practical information at this time. Tour the facility if desired or obtain a floor plan. Request names of key facility staff and phone extension numbers to facilitate communication. Record the facility information on the Facility Introduction Worksheet.

Support staff will be available at the Center on Aging for the duration of the project. Contact Julia Tufts or Mike Lin (for phone numbers see Contact List) with questions or in event of an emergency.

B. Quality Measure Set Selection

Objective

- To identify three quality measures to utilize for investigation

Quality Measure Sets

Seven quality measures have been selected as the basis for investigating the relationship between staffing and quality of care: Rehospitalization, Resisting Care, Unclean / Ungroomed, Significant Weight Loss, Incident Pressure Ulcers, Functional Status Eating, and Functional Status Toileting. However, only three quality measures will be targeted for investigation during one site visit.

The seven quality measures have been arranged into four sets, each containing three quality measures. All four sets incorporate the quality measure Rehospitalization, assuring that the case studies include the examination of skilled nursing care. The quality measures within these sets are as follows:

Set 1	Rehospitalization Functional Status Toileting Incident Pressure Ulcers
Set 2	Rehospitalization Functional Status Eating Significant Weight Loss
Set 3	Rehospitalization Resisting Care Unclean / Ungroomed
Set 4	Rehospitalization Significant Weight Loss Incident Pressure Ulcers

One quality measure set is assigned to each facility. Sets are predetermined, alternating sequentially in each subsequent site.

Selection Procedure

Select a quality measure set for the facility in order of sequence specified on the Selection Worksheet.

Record the facility name and provider # on the Selection Worksheet, next to the selected quality measure set. Assign a facility identification number to the facility. The facility identification number is composed of letters representing the state in which the facility is located, followed by a number representing the order in which the facility is visited in the specified state. Record the identification number on the Selection Worksheet.

C. Unit Selection

Objective
- To identify three units each with a different resident population

Rationale
The unit is a focal point for investigation of the relationship between staffing and quality of care. Residents with different care needs are often located on separate units.

Three different units should be selected in each facility: one Medicare/SNF unit and two long-term care units. If available, preference should be given to one special care unit (Alzheimer, dementia, or secured unit).

Criteria for Unit Selection
One Medicare/SNF unit should be selected if in operation in the facility.
If the facility has no Medicare/SNF units in operation, select the unit with the highest number of Medicare/HMO residents present on the first day of the site visit.

If the facility has multiple Medicare/SNF units in operation, select the unit in the following order of priority: 1) highest acuity level residents; 2) highest number of Medicare/ HMO residents present on the first day of the site visit.

One general long-term care unit should be selected.
If the facility has multiple long term care units in operation, select the unit with the highest resident census on the first day of the site visit

One special care unit (Alzheimer /dementia) should be selected if in operation in the facility.
If no special care unit is in operation, select two general long-term care units.
If the facility operates more than one special care unit, select the special care unit with the highest resident census on the first day of the site visit.

Selection Procedure
Identify the units in operation by type, using the following criteria: Medicare/SNF unit if the residents require mainly short term, sub acute care; Special Care Unit if the residents require a secured environment; and Long Term Care Unit if the residents are in the facility for long term placement. Record the information on the Facility Introduction Worksheet.

For each unit, enter the total current census, specifying resident payer status (Medicare, HMO, etc.). Hopefully, this information may be obtained from the facility census list. Request staff assistance if the information needed is not available on the census list and/or identified with a special facility key.

Select three units meeting the above criteria. Highlight the selected units on the Facility Introduction Worksheet. Enter the unit names and room numbers on the Selection Worksheet.

D. Resident Samples

Objective
- To obtain three resident samples, one on each of the selected units

Samples
Residents are selected from two population samples: an *Admission Sample* focusing on short-stay residents and a *Long-Stay Sample* focusing on long term residents.

The Admission Sample is composed of residents residing on the selected Medicare/SNF unit. Long Stay Samples are obtained for each of the long-term care units.

Each sample is composed of 20 residents randomly selected from the population on the selected unit.

Inclusion Criteria for Resident Sampling
Residents eligible for the Admission Sample must meet the following criteria:
1) admission (most recent) to the nursing home is from a hospital,
2) length of stay in the nursing facility is < 120 days.

Note: residents who were discharged from this nursing home to a hospital and then were readmitted from the hospital to the Medicare/SNF unit under investigation are included in the Admission Sample .

Residents eligible for inclusion in the Long Stay Samples:
1) have a length of stay in the facility > 120 days.

Length of stay is calculated from the first day of the resident's most recent admission to the facility.

Obtain an Admission Sample from the residents residing on the Medicare/SNF units. Obtain two Long Stay Samples one on each of the selected long-term care units.

Select all eligible residents in a sample if the current census on one or more units is less than 20 residents.

Procedure
Review the facility census list (use unit list if available). Identify all residents located on the selected units.

1. Identify residents eligible for each sample
   a. Admission Sample: length of stay in the facility is < 120 days ***and*** admission to the facility from a hospital
   b. Long Stay Samples: length of stay in the facility > 120 days

2. Assign a number to each of the eligible residents (sequentially starting with number 1).

3. Randomly select 20 residents in the sample using the Random Selection Chart.

E. Identifying 'At Risk' and 'Treatment' Status

Objective

- To screen the residents in each of the samples for health conditions related to the investigated quality measure(s)
- To identify residents who are at risk for a negative outcome and residents who have experienced a negative outcome

Rationale

Residents are screened for the presence or absence of certain health conditions in order to identify areas for investigation. An 'at risk' category and a 'treatment' category has been defined for each of the quality measures in the study. Residents who have a condition placing them at risk for specific negative health outcomes are assigned to the 'at risk' category for a particular quality measure. Residents who have incurred a negative health outcome are assigned to the 'treatment' category for a particular quality measure.

Admission Sample Inclusion Criteria in the 'At Risk' and/or 'Treatment' Category

Rehospitalization

At-risk: Residents with one or more of the following diagnoses: COPD, CHF, diabetes, cancer with treatment, HIV, quadriplegia, paraplegia and/or dysphagia.

Treatment: At risk residents, who were hospitalized within 30 days following admission for any of the following conditions: respiratory infection, electrolyte imbalance, sepsis and/or urinary infection

Long Stay Samples Inclusion Criteria in the 'At Risk' and/or 'Treatment' Category

Resisting Care

At-risk: Residents who require physical assistance with ADLs **and** who have impaired decision making skills and/or episodes of anger/unpleasant mood.

Treatment: Residents who exhibit symptoms of resistance to care > 5times per week.

Unclean / Ungroomed

At-risk: Residents requiring physical assistance with personal hygiene/grooming and/or bathing **and** who are either have impaired decision making skills or exhibit anger/unpleasant mood and/or resistance to care.

Treatment: Residents who, on the first day of the site, show evidence of a more than short-term lack of personal care.

Significant Weight Loss

At-risk: Residents who require physical assistance with eating self-performance **and** who have impaired decision making skills and/or who exhibited in the most recent 7 days episodes of crying/tearfulness/withdrawal/resistance to care and/or who have chewing/swallowing problems/mouth pain.

Treatment: Residents who have incurred a weight loss of at least 5% at any time in the most recent 90 days.

Identifying 'At Risk' and 'Treatment' Status (continued page 2)

Incident Pressure Ulcers

At-risk: Residents who have any of the following conditions: require physical assistance with bed mobility, transfer/ toileting **or** who are daily incontinent of bladder **or** who have a history of pressure ulcers of any stage in the last year.

Treatment: Residents, who in the most recent 90 days, newly developed a stage 2/3/4 pressure ulcer or whose existing pressure ulcer increased to a more severe stage in that same period of time.

Functional Status Eating

At-risk: Residents who require physical assistance with eating self-performance **and** who have impaired decision making skills and/or who resist care at least once a week.

Treatment: Resident who experienced a severe decline (2-level decline MDS code) in eating self-performance on the two most recent MDS assessments.

Functional Status Toileting

At-risk: Residents who require physical assistance with toileting self-performance **and** who have impaired decision making skills and/or who resist care at least once a week.

Treatment: Resident who experienced a severe decline (2-level decline MDS code) in toileting self-performance on the two most recent MDS assessments.

Selection Procedure

Complete a review for each of the residents in a sample in order to determine their 'at risk' or 'treatment' status for a specific quality measure. Conduct the review for the quality measures under investigation in the facility; 1) review for residents in the Admission Sample pertains to the quality measure 'Rehospitalization' while 2) review for the residents in the Long Stay Samples pertains to the two remaining quality measures in the set.

Utilize the Admission Sample Questionnaire, and Long Stay Sample Questionnaires to collect the appropriate information for each of the sampled residents. The questionnaires are organized by quality measure set and preferred source for data collection (see below):

Identifying 'At Risk' and 'Treatment' Status (continued page 3)

Data Source	At Risk Category	Treatment Category
Observation		• Unclean/Ungroomed
Staff Interview	• Resisting Care • Unclean/Ungroomed • Pressure Ulcers • Functional Change • Weight Loss	• Resisting Care
Record Review	• Rehospitalization	• Rehospitalization • Pressure Ulcer • Functional Change • Weight Loss

Record the data for each resident on the Resident Sample Tracking Form. The accumulated data identifies a resident in the appropriate 'at risk' or 'treatment' category. A resident should not appear in either category if the review reveals that the resident is not at risk for or being treated for the conditions indicating a negative outcome.

Extended Admission Sample for Rehospitalization Treatment Category
If there are no residents in the Admission Sample that meet the Rehospitalization Treatment Category, complete an extended admission sample as follows:

1. Unit Nurse – review the remaining admission sample residents to identify any re-admissions to this facility following a hospital discharge. If none, proceed to step 2.

   If yes, review the medical record for all the qualifying criteria (sampling & treatment criteria). If no qualifying residents, proceed to step 2.

2. Medical Records – request a list of discharges in the past 90 days. Starting with the most recent discharge date, select the first 20 residents who meet the Admission Sample criteria (length of stay < 120 days & admitted from a hospital). From this selection, proceed to identify residents who meet the Rehospitalization Treatment Category according to protocol

   If no residents meet the criteria, sampling is complete for this category.

F. Resident Selection for Care Study

Objective

- To select two residents on each unit for an in-depth investigation
- To identify potential quality of care concerns

Select two residents on each unit for further investigation: one resident in the 'at-risk' category and one in the 'treatment' category if available.

Rationale

Identification of a resident in the 'treatment' category indicates a potential quality of care concern. A high rate of residents identified in the 'treatment' category for a specific quality measure warrants further investigation.

Selecting a resident identified in the 'treatment' category ensures that the case study will include investigation into the avoidability of the negative outcome. In addition it ensures investigation of the provision of treatment for certain conditions.

Selecting a resident in the 'at risk' category ensures that the case studies will include the investigation of quality of care from the perspective of prevention.

Select residents in order to investigate the full array of care delivery; preventive and treatment care relevant to the quality measure.

Procedure

1. Review the completed Resident Sample Tracking Form for each unit. This review is aimed at discerning potential quality of care concerns related to the investigated quality measures.

    a. Identify the number of residents in the 'treatment' category. Review the causes for identification in the 'treatment' category.

    b. Identify the number of residents in the 'at risk' category. Review the reasons for identification in this category.

2. Attempt to identify patterns involving potential quality concerns.

3. Select one resident in each of the categories representative of the identified patterns. If no patterns are discerned, select a resident who is identified in the 'treatment' or 'at risk' category for multiple quality measures.

Indicate the names of the selected residents on the Selection Worksheet. Assign each resident with the identification number accorded to him or her in the sampling process.

A. Overview

Objective

- To investigate the relationship between quality of nursing care and staffing variables.

Data Collection

The case studies are conducted on each of the three units selected for investigation. Data for the case studies should be collected during a minimum of three different shifts including a day, an evening, and a weekend shift.

The investigation focuses on the three quality measures specified in the quality set selected for the facility. In each facility, the quality measure 'Rehospitalization' is investigated on the Medicare/ SNF unit, while the two remaining quality measures are investigated on two long-term care units.

The investigation into the quality of care focuses on two residents from each selected unit. This part of the investigation involves a review of the individual resident records and observation of the administration of individual care practices.

In addition to a review of the care to individual residents the investigation includes general unit observations focusing on care practices and staff interactions with residents other than the selected residents.

Staffing factors potentially affecting the quality of care may be investigated initially at the unit level through observations of general unit proceedings and interviews with direct care and supervisory staff.

The management interview should be conducted with at a minimum, the DON, staff development coordinator and scheduler to place the information collected on each of the units in the larger context of the facility. Management practices directly influence the staffing situation in a facility and more indirectly the quality of care.

Payroll data are collected to verify information obtained from staff and management interviews.

In summary, the case study investigation includes collection of the following data:

1. Individual Resident Record Review
2. Resident Specific Observations
3. General Unit Observations
4. Staff Interviews
5. Summary

Following the completion of data collection from all sources, the data will be synthesized in a summary evaluation. Protocols described in the next pages explain the procedures for data collection in detail.

B. Individual Resident Record Review

Objective

- To identify potential quality of care concerns
- To target care practices relevant for observation

Data Collection

Conduct a medical record review for each of the two residents selected on a particular unit.

Review the medical records on the first day of the unit investigation.

Extract the following information from each medical record:

1. Resident characteristics including
   - Resident ID and Social Security Number
   - Gender /DOB
   - Date of most recent admission: new admit or readmit
   - Location admitted from
   - Reason for admission
2. Medical history including
   - Diagnosis
   - Risk factors
   - Onset of symptoms
   - Responses and interventions
3. Assessments and RAPS relevant for each investigated quality measure
   - Nursing assessment and assessment(s) of relevant other disciplines
   - Evaluation of causes
   - RAPs
4. Care Plan and Care Plan Interventions relevant for the investigated quality measure
   - Problem/concern
   - Reason
   - Goal/objective
   - Interventions/approaches

Record data in the appropriate boxes on the Individual Resident Record Review Worksheet.

Individual Resident Record Review (continued page 2)

Evaluation of Quality of Care
Following your review, evaluate the quality of care provided to each individual resident by answering the following questions:

1. Are medical/behavioral concerns **adequately assessed**?
    - Does staff respond timely as concerns arise?
    - Does staff inform other professional disciplines in a timely manner?
    - Does staff evaluate all possible causes for the medical/behavioral concern?
2. Are medical/behavioral concerns **appropriately addressed**?
    - Does staff evaluate and monitor concerns/symptoms in accordance with accepted standards of care and resident preferences?
    - Are interventions in accordance with accepted standards of care?
    - Are interventions effective?
    - Are ineffective interventions replaced in a timely manner?
3. Are medical/behavioral symptoms **sufficiently monitored**?
    - Does staff monitor until symptoms subside?
    - Does staff document resident's status consistently?
    - Is documentation appropriate to described symptoms

Record the findings from the records on the provided Individual Resident Record Review Worksheet.

Procedure
1. Initiate the data collection on each of the selected units with a record review of the two residents selected on the Selection Worksheet
2. Use an Individual Resident Record Review Worksheet for each of the residents to record the findings
3. Locate and start the review of the individual records
4. Record resident characteristics as indicated on the worksheet
5. Review Tracking Form and identify the quality measure(s) for which the resident has a negative outcome and/or is considered at risk. Record data on worksheet including dates and outcomes
6. Review all relevant records and provide a brief medical history related to the investigated quality measures
7. Review assessments, care plan, progress notes, and flow sheets for the time frames relevant for the quality measures. Record findings on the Individual Resident Record Review Worksheet
8. Evaluate findings as per protocol guidelines. Record potential quality concerns in the designated area on the worksheet
9. Indicate relevant care practices to target for observation. Indicate potentially important staffing related issues

C. Resident Specific Observations

Objective

- To describe the administration of care to selected residents
- To evaluate the quality of the observed care practice
- To evaluate the direct care worker's job performance

Data Collection

Conduct observations of the individual care practices for the two residents selected per unit.

Identify and select care practices for observation following an individual record review. The selected care practices may include, but are not limited to the following:

• Personal hygiene • Bathing • Toileting	• Mealtime + Snack time • Taking Medication • Dressing	• Unstructured Time • Structured Activity • Special Needs Care

Observe a minimum of three different care practices as they are administered to each of the selected residents during normal daily routines.

Observe each care practice performance from initiation to completion. Indicate for each a starting and ending time.

Describe the job performance of the direct care worker and the interaction between resident and care worker as it actually occurs.

Review at the end of each shift whether the observed care practices are documented accurately. Record findings on Data Collection Worksheet.

Observe whether relevant issues are reported to the appropriate staff, both during and at the end of the shift. Record findings on Data Collection Worksheet.

Evaluation of Quality of Care

Evaluate the quality of the care provided in a review of the following:

- Is the care practice implemented as indicated in the nursing care plan?
- Is the administration/delivery of care practiced in accordance with accepted standards for care?
- Is the provided care effective?
- Is the interaction with the resident appropriate and considerate and in accordance with the resident's preferences?
- Is documentation of the completed intervention accurate and timely?

Indicate the results of your evaluation on the Data Collection Worksheet in the column 'Quality of Care'

Resident Specific Observations (continued page 2)

Evaluation of Staffing Issues

Evaluate how the quality of the observed care potentially relates to staffing issues:

- Is the care worker' familiar with the resident and/or the resident's care plan
- What is the availability of supervisory/co-worker's and material support
- What is the workload of the direct care worker
- What appears to be the care worker's motivation/attitude

Indicate the results of your evaluation on the Data Collection Worksheet in the column 'Staffing Issues'.

Procedure

1) Introduce yourself to the resident selected for the case study (if appropriate) and to the direct care worker before initiating any observations.
2) Briefly explain the reason for your presence. Answer questions.
3) Observe the administration of care practices during normal daily nursing routine. Arrange your day accordingly.
4) Observe care practice for the entire duration of the performance during the regular scheduled times.
5) Record actual findings on Data Collection Work Sheet. Use data source key and resident study ID number to identify the data.
6) Evaluate quality of care as per protocol and record in the section 'Quality Concern' on the Data Collection Worksheet.
7) Evaluate job performance of care worker as per protocol and record under 'Staffing Issue' on the Data Collection Worksheet.
8) Identify topics to further investigate during their interviews.

D. General Unit Observations

Objective

- To describe general unit proceedings
- To describe staff activities and staffing characteristics
- To evaluate the relation ship between observed staffing factors and the observed quality of care

Data Collection

Conduct general unit observations during three shifts; one day, one evening and one weekend shift. Observations are ongoing for the duration of the shift.

Focus your observations on the following:

1. communication between shifts
2. allocation of staff
3. workload of nursing staff
4. preventive nursing care
5. supervision of direct care staff

1. Observe the communication among nursing staff between shifts. Observe the transfer of information during nursing report at least once on each observed shift. Observe the following: mode of communication, type of staff present and information transferred.

Evaluate the accuracy of communicated information. In addition, assess whether the information is communicated timely to the appropriate disciplines. Evaluate whether the communicated information enables the incoming staff to provide uninterrupted care.

2. Observe number and type of nursing staff allocated to the unit during the shift. Identify the presence or absence of medical staff, nursing staff and ancillary staff; identify the allocation of additional staff during peak hours, identify the presence of pool/agency staff.

Observations are ongoing during the shift. Focus your attention on staff allocation during peak hours.

Evaluate the adequacy of the numbers of allocated staff in terms of staff's professional experience and background in relation to type and acuity of residents on the investigated unit.

3. Observe the workload of available staff by identifying the percentage of time spent carrying out job-related activities; the ability to respond to needs of residents as evidenced in response time to call lights/ response to requests; the ability for staff to take scheduled breaks.

General Unit Observations (continued page 2)

Evaluate whether the observed workload allows staff to reasonably complete the assigned tasks.

4. Focus the observation of preventive care practices on positioning and repositioning of non-ambulatory residents; management of incontinent residents; management of disruptive and/or abusive residents; provision of meaningful and resident appropriate activities; provision of nutritional supplements and hydration; mealtime activities.

Observe a minimum of three general preventive care practices relevant to the investigated quality measure. The observation of preventive care practices is not restricted to the two selected residents.

Evaluate findings related to general preventive nursing care practices base on their administration in accordance with accepted standards of care.

5. Observe supervision of staff during the shift. Identify: presence and responsibilities of the supervisor; percentage of provided leadership activities; demonstration of nursing skills, knowledge, and experience; familiarity with residents and staff; and follow up on given directives.

The observation of supervision of direct care staff is on going for the duration of the shift. Record relevant observation as they occur.

Evaluate performance of the supervisor in terms of quality of care. Does the activity and presence of the supervisor enhance the quality of the provided care?

Following each observation, record the findings as they actually occurred on the Data Collection Worksheet.

Record evaluations pertaining to the quality of care or related staffing issues in the appropriate columns on the Data Collection Worksheet.

Identify topics for interviews and/or issues for follow up in the designated space.

Procedure

1) Introduce yourself to the unit supervisor and explain the reason for your presence.
2) Inform the supervisor of your presence for the duration of the shift
3) Conduct observations as per protocol. Use the Unit Topic List for guidance
4) Record findings on Data Collection Worksheet. Describe occurrences as closely to the actual facts as possible
5) Indicate times/data source as per data source key on the Data Collection Worksheet
6) Evaluate findings as per protocol

E. Staff Interviews

Objective

- To investigate job performance and quality of care findings
- To describe management practices

Data Sources

Conduct interviews with the following facility staff:

1. Direct care staff on each selected unit
2. Direct care worker observed during the administration of care to the selected residents
3. Unit manager and/or other supervisory staff
4. Specialist/professional staff, such as dietary, wound care specialist, rehab, who are relevant for the investigation of the quality measure(s) under review
5. Management staff
6. Payroll manager

Data Collection

1 Conduct brief interviews with each direct care worker present on the unit during the shifts of observation. Elicit information regarding allocation of staff. Focus the interviews on the following topics:

- Professional background: RN, LPN, CNA
- Educational background especially regarding additional training in geriatrics
- Employment status: facility employee - agency worker
- Tenure on the unit; number of days, months, years of assignment to the unit
- Rotation on and off the unit

Conduct these brief interviews during the observed shift. Please attempt to minimize interruptions to the staff's normal daily routines.

Evaluate whether the staffing resources allocated to the unit are adequate in order to provide care in accordance with acuity level of residents and accepted standards of care.

2 Conduct a more extensive interview with the direct care worker(s) observed during the administration of care to the selected residents. This interview aims to investigate the observed job performance findings. Obtain information regarding the following:

- Workload, assignments and/or responsibilities
- The care workers knowledge of and familiarity with the resident's care, care plan and preferences
- Knowledge of the standards of care relevant to the investigated quality measure
- Adequacy of facility provided resources involving staffing, supervision, training and in-services
- Personal opinion about quality of care provided and important staffing issues in the facility

Staff Interviews (continued page 2)

Conduct these interviews either in a formal or informal manner, depending on the anticipated length of the interview and the preference of the direct care worker.

Evaluate the care worker's job performance in terms of motivation, attitude, and ability to communicate effectively. In addition evaluate the facility's provision of resources in terms of staffing, supervision, and training.

3 Conduct one interview with each unit manager/nurse supervisor assigned to the observed shifts to obtain information regarding staff allocation, systems of communication, quality assurance and quality monitoring. The interviews will cover the following topics:
- Professional /educational background and previous work experience
- Responsibilities and duties
- Presence and availability of medical, ancillary staff
- Presence and frequency of unit meetings
- Interdisciplinary and/or interdepartmental communication
- Presence, implementation and monitoring of clinical guidelines
- Performance evaluations; frequency, consequences and follow up
- Personal opinion about quality of care provided and staffing issues in the facility

Evaluate how the organization of the unit; provision of structure, professional expectations and communication contribute to the observed quality of care.

4 Conduct interviews with professionals in other disciplines providing services relevant to the investigated quality measure; e.g. dietary for the quality measure 'Significant Weight Loss'. Elicit information regarding clinical management programs. Cover the following:
- Professional /educational background and previous work experience
- Responsibilities and duties
- Protocols relevant to the investigated quality measure
- Work performance in accordance with guidelines
- Resources provided by facility
- Personal opinion about quality of provided care and staffing issues in the facility

Interview other professional staff members in a formal interview.

Evaluate how protocols and guidelines meet professional standards of care and how knowledge, background and experience contribute to maintaining high standards of care.

Staff Interviews (continued page 3)

5 Conduct a management interview with the following professionals as available: a) director of nursing, b) staffing coordinator and c) staffing development coordinator. The aim of the interviews is to elicit information about management practices relevant for quality and quantity of available nursing staff. Cover at minimum the following topics:

- Professional /educational background and previous work experience
- Responsibilities and duties of each professional
- Tenure in position
- Recruitment strategies including attracting and evaluating new employees/contract workers
- Evaluation of job performance of facility and contract staff
- Allocation of staff including skill level and preferences of staff for particular assignment, scheduling strategies/guidelines, staffing levels, rotation of available staff
- In-service training and orientations
- Scheduling practices and replacement policies
- Personal opinion about quality of provided care and staffing issues in the facility

Evaluate how management practices contribute to the quantity and quality of staff. through provision of structure, clear guidance and resources.

6 Payroll Manager

Obtain information from the pay roll offices as instructed on the Payroll Questionnaire.

Procedure

1) Schedule time for an interview well in advance.
2) Complete each interview with staff as indicated per protocol. Use the Unit Topic List and Management Interviews Topic List for guidance
3) Formulate open-ended questions concerning relevant topics. Avoid 'feeding' information
4) Allow the respondent adequate time to answer thoroughly. Allow the respondent to formulate a response in his or her own terms.
5) Allow the interview to follow its own course. Formulate questions related to the topics advanced by the respondent. Ask the staff to elaborate. Direct only if needed
6) Be sensitive to staff responsibilities and time constraints. Schedule accordingly
7) Record the findings of each interview on the Data Collection Worksheet indicating date and time of interview in addition to the data source
8) Document the interview findings using terms used by the respondent. Record 'salient' remarks verbatim if at all possible
9) Record your evaluations in the designated columns on the Data Collection Worksheet.
10) Identify issues for verification and follow up in the designated space.

F. Summary

- To summarize the findings in a succinct report
- To rate the quality of care as observed in the facility
- To identify the staffing issues contributing to the quality of care

Procedure

1) Review the findings following completion of the data collection.

2) Summarize the relevant points in the provision of care to the selected residents and the related staffing issues

3) Rate the quality of care per investigated quality measure using a rating scale from 1-100

4) Elaborate on the rating if necessary

5) Identify all staffing factors contributing to the quality of care

6) Indicate, for each of the listed staffing issues, the importance in contributing to the quality of care

7) Record summary, quality ratings and identified staffing issues on the Facility Summary Report

8) Return completed case studies and all data collection materials to the Center on Aging Research Section as per Mailing Protocol